STD. 404C (REV. 4-95)

DEPARTMENT NAME

DEPARTMENT ADDRESS

FEDERAL TAX ID NO. OR SSAN

VENDOR

RP TYPF

TAX YR

TOTAL PAYMENT

INVOICE DATE

ORG. CODE

CLAIM SCHED, NO.

TOTAL REPORTED TO IRS

INVOICE AMOUNT

THE ENCLOSED WARRANT IS IN PAYMENT OF THE INVOICES SHOWN BELOW

INVOICE NUMBER

STATE OF CALIFORNIA

RPI